

## THE CONVERSATION

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# How to deliver the mental health services that young people desperately need

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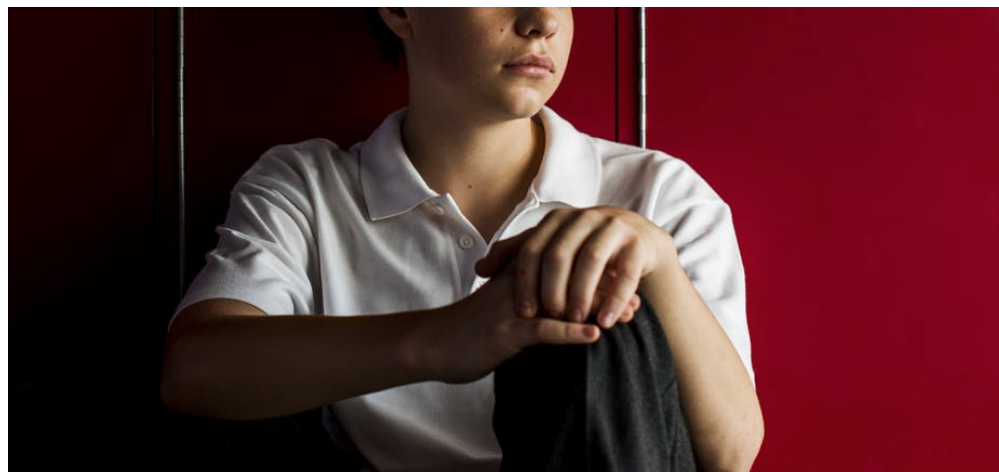
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Life's complexities can be magnified in school. Pressures to conform to the norm, pass exams well, be socially accepted and have a strong social media following are just a few of the difficulties that children and young people face every day.

Government figures suggest that close to one in five young people have experienced a “common mental disorder”, such as depression or anxiety, in the past week. What's more, young people are less likely to recover from mental health issues if they are from a deprived area, or have a disability.

The UK government's plans (outlined in its 2017 green paper) would see mental health teams provide extra support in schools, and introduce waiting time targets.

But according to a joint report by the Education and Health and Social Care Committees, the government's strategy won't address the complexities of young people's mental health issues, while its gradual roll out (to reach a quarter of the country by 2022-23) could leave hundreds of thousands unable to benefit from the proposals.

The issue of fairness is key. Services must be provided where young people need them most. As it stands, service delivery varies vastly depending on geographical location. Waiting times for psychological therapy can be as short as 16 days in Waltham Forest, but as long as 167 days in Leicester. Chronic mental health issues can be costly for the NHS – but more importantly they weigh heavily on the family and community of the young people affected.

## **What young people want**

In our experience, children and young people want support they can access, from people they know and trust. Schools may soon create designated senior leads for mental health, in accordance with the government's plans – but there's no guarantee this role will be well considered and properly funded.

Meanwhile, training and support is desperately needed for those professionals already working in schools to support children and young people's mental health every day. Learning mentors, learning support assistants, lunch time supervisors and teachers are all adults in schools, who children and young people trust and talk to on a daily basis.



There to help. Shutterstock.

The government's focus on mental health presents an opportunity to involve children and young people in developing online mental health resources, accessed through social media and apps, to move mental health support out of the clinic, into everyday life. With so many young people requiring extra support – whether that's special education or mental health services – it's high time for educational psychologists to take on a bigger role in schools.

## A simpler solution

Educational psychologists are already based in schools, and come with extensive training in child mental health. They require dedicated time to develop high quality mental health interventions, to suit pupils' needs. It would be better for schools to have more dedicated time from educational psychologists who know and understand the needs of the school community.

Most of the time, a single educational psychologist visits as many as 15 schools in their local authority area. The government workforce survey 2014 indicated that 81% of local authorities in England and Wales had a greater demand for educational psychology services than they could currently provide.

In many local authorities, the system has been further complicated by schools commissioning their own educational psychology services. Some wealthier schools are able to buy more of a psychologist's time than would otherwise be possible. But this creates a disparity between mental health services in schools that can pay, and schools that can't – instead of a system which responds to young people's needs, regardless of which school they go to.

The government's strategy should instead devote additional finances to increase the training places available on educational psychology courses, and improve the ratio of pupils to educational psychologists. After all, this high quality service is already in schools, and no mental health professional group is better placed to provide this crucial service than educational psychologists.

Rather than the current model of one psychologist to many, many schools, it would be better to move towards having one school psychologist serving one school – or a much smaller group of schools. By reallocating funding in this way, the government would be ensuring front line child mental health services are available for those in need, which could in turn reduce the need for more serious psychiatric interventions.

The government's green paper is timely. But it remains focused on identifying mental health needs, rather than tackling the underlying social causes such as the social, economic, and physical environments where people live. On this view, it's the child that needs to change. But perhaps it's time for all members of society to take collective responsibility for promoting positive mental health and emotional well-being; it does, after all, take a village to raise a child.

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